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THE RELATION OF THE PUBLIC TO THE HOSPITALS FOR  
THE INSANE AND THEIR INMATES.

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One of the greatest misfortunes attendant upon the care of the insane is the lack of interest, and therefore of intelligent knowledge, on the part of the public, of these charitable institutions, the unfortunate people under their care and the work that is being done therein. They seem to be so far outside of the pale of human interest, and the majority of the public is so indifferent to their needs and welfare, that it seems to be almost a hopeless task to try to present the subject of the institutions and their work in a way that will interest, and at the same time attract the attention and secure the good will of those who are interested in the care and welfare of the unfortunate. Institutions for the care of the insane seem always to have been surrounded with such an air of exclusion, and the world has looked upon them and their inmates with such dread and alarm, that they have failed to get their share of the sympathy and interest which is shown those suffering from bodily disease.

I believe that this is partly due to the old superstition that looked upon the man or woman suffering from insanity as a being possessed by the devil, or else as a criminal. Then, too, people's opinions have been formed, and they are most prejudiced, by the history of such institutions and their management during the last century. Another, and perhaps a more powerful, reason for the lack of interest in institutions for the insane and their inmates, has been the feeling on the part of every one, and this feeling growing out of the superstition before referred to, that the existence of insanity, in any form, in any member of the family, attached a stigma to the family in which it occurred, injuring their

social status and interfering with their relation to their friends and neighbors. Consequently, whenever insanity has occurred in a family the member so afflicted has been secluded from the public gaze, kept at home as long as it was possible to do so, and when his condition made it necessary that he should be transferred to the care of an institution, this fact has been hidden, and the feeling engendered that it was a shame and a disgrace to have such an affliction enter the family; therefore it should be hidden away from the world's knowledge and not even spoken of at home. As a consequence, this has resulted in a complete separation of the afflicted member of the family from the interest and sympathy of his friends, while his transfer to the institution too often takes him away from the sympathy and interest of his family as well.

Indeed, until within the last twenty-five years these unfortunate people have been looked upon by the rest of the world very much as the leper was looked upon by the Jews: as one beyond the pale of human sympathy and interest, an object of horror and dread, to be pitied in an indefinite sort of way and to be avoided and shunned at all times. This feeling on the part of the public has reacted upon the institutions themselves, making the habit of exclusion and the avoidance of public interest or investigation a part of their management. In fact, until quite recently, the medical men in charge of these institutions or engaged in the care of the insane have been looked upon very much as we would look upon one who had gone to live in a community of lepers, and even at this day it is quite common to hear expressions of curious sympathy and incredulous concern given to those who take up this work. As the result of this, the physician working in an institution for the insane, like the patients themselves, is in a measure looked upon with dread and suspicion by the public generally, and too often by the friends of the patients themselves. They, too, have been shut out from the interest and sympathy of their fellow men, their work even ignored and misjudged by those whose only knowledge of institutions and their work has been gained from the picture drawn by the novelist of the private asylums in England a hundred years ago, and to this day the belief is quite common that the officers of the institutions are in collusion with the relatives of the patients to keep them hidden away from the world, the victims of persecution and neglect. This so prevalent feeling is, so far as my observation goes, due to two facts; first, that human nature is so constituted that we are not willing to give others credit for disinterested motives, but mainly to the idea which the public has as to what constitutes insanity—they thinking that only those are insane who are violently maniacal or profoundly demented. Then

again the public admits the fact of insanity without appreciating the conditions involved, or realizing that the relation of the insane individual to his fellows is changed by his condition; therefore they are disposed to accept his statements as if they were those of a sane person, and to be influenced by what he says—accepting his statements as facts to the discredit of the humanity and sometimes of the honor of those who have him in charge.

I think that every one will be willing to admit that this should not be so, and I have confidence enough to believe that if the public knew how it might aid and help in the care of these people by its sympathy and interest they would be willingly given, and I further believe that if those who are interested in the charitable work of the state could but gain an intelligent knowledge of the nature of the work which is being done in the hospitals and their needs, they would willingly and gladly help us in every way in their power to better care for this class of unfortunate people. To my mind the first step in this direction is to try to make the public understand that which is now accepted by those who have a thorough knowledge of the subject of insanity; namely, that this condition is a disease, and not a crime or a form of possession, and that it has its foundation in the same sources which give rise to other forms of physical disease. Indeed, that it is often directly dependent upon physical disease, and consequently it requires the same care and treatment as a disease of the body; and therefore, for its proper understanding, the same systematic method of study and care must be used. And to do this successfully our institutions must be made hospitals in fact as well as in theory. If we admit the fact that insanity is a disease requiring medical treatment, and that in the care and treatment necessary the individual is subject to the same conditions that exist in other forms of disease, it necessarily follows that the earlier this treatment can be begun the better chance there will be to bring about recovery, and the only difference that should exist between hospitals for the insane and those in which bodily diseases are treated is that which results from the necessity of having to guard against the individual's harming himself or others.

To the friends of the patients this is a great bugbear, and yet there is no difference except in degree between the restraint necessary in the care of a case of typhoid fever or pneumonia and the care of a case of insanity. While I do not doubt but that cases of insanity can be successfully treated at home, yet I believe that those cases which recover outside of an institution would recover more quickly and more fully in one. You do not hesitate to take a person suffering from bodily disease to a general hospital to be treated, and

this is being more and more commonly done, because the public has come to know that the systematic care and treatment received in an hospital, where all appliances exist for such purpose, is much better and more apt to be successful than any care or treatment that can be applied in an ordinary private house. How much more is this true in the case of insanity, where the very nature of the disease interferes with the relation of the patient to those around him and the changes in his character and conduct are based upon and influenced by beliefs concerning his relatives and friends.

When calamity comes into your family and some one of its members succumbs to the shock or strain, do you not first think of a change, and the advantage which will accrue from taking him away from that which constantly reminds him of the cause of his trouble. Now, if this is necessary where the individual is still capable of a full realization of the trouble and its nature, how much more should it be necessary where he no longer has that power, where suspicion has taken place of confidence, where dread and fear has replaced trust, and where the kindly anxious efforts of relatives and friends only add to the irritation and fear, because the patient is no longer capable of properly appreciating his relation to those around him.

I have never known an insane person who has fully recovered that did not realize the necessity of his removal to the hospital and the advantage that it has been to him to receive the care and treatment that he did, but they all dread the stigma which attaches to the fact of their having been insane, and here lies the great stumbling block in the way of bringing cases of insanity early enough under care and treatment to insure their recovery.

When a man is suffering from pneumonia do you not carefully guard him from the harm which might come from atmospheric changes or from anything which would exhaust his strength? and if he has typhoid fever do you not watch his diet carefully for fear of the harm which would come from taking solid food? Why should you not then realize the importance, when his mind is the centre of disturbance, of taking the same precautions to eliminate everything which would add to that disturbance or interfere with its subsidence?

The first condition to make its appearance in the early stages of insanity is an abnormally developed self-consciousness, and this is followed usually by a loss of self-control. These two conditions are not usually recognized, or, if so, no importance is attached to them, and when finally irrational conduct and violence make their appearance, every one is surprised and at a loss to account for the

change. Now, it is in this early stage that mental disturbance is most amenable to treatment and gives most promise of permanent recovery. This is the time, too, when a change in the surroundings and systematic moral measures, kindly but firmly applied, do the most good. The question follows: How can this best be accomplished to the advantage of the patient and at least expense to the state?

Probably no state in the union, according to her age and ability, has done so much for her insane as Minnesota; nor do I believe that there is anywhere a more earnest desire than among the people of this state to do everything that can be done for this unfortunate class of people, and the state has gone so far as to assume all the expenses of the care and treatment of the insane within its borders, without regard to their ability to pay for their treatment. Knowing then this willingness and anxiety to do the best that can be done with these great charitable enterprises, how are we to apply the money appropriated to the best advantage? The first bar in the way of successful curative treatment is the fact that the number of insane has increased out of proportion to the means for their accommodation, and in consequence there is a terrible overcrowding of the existing institutions, making it impossible to properly classify those who are committed to their care, and, from the want of proper facilities, to give them that individual attention and study which is so essential to any curative measures applied in their behalf.

All of the energy of the authorities and all the money that could be spared has heretofore been applied to the housing, clothing and feeding of the inmates, and although not willingly or wittingly, I am sure the importance of their proper medical treatment has not been sufficiently appreciated or enforced. The time has come, however, when I believe that out of the amounts which are appropriated for the care of the insane each time a certain amount can be set apart for the better development of the more strictly medical aspect of the hospital work. A great deal has been done in this direction already by the organization of training schools in the hospitals and the education of the nurses to the appreciation of their work as a profession, as well as a better understanding of their relation to the patients under their care; teaching them to see in the unreasonable conduct of their patients the operation of the diseased mind and not the expression of ill temper, obstinacy and deliberate unreasonableness; showing them that kindness and firmness, sympathy and forbearance, will accomplish more than will restraint or punishment; and, above all, making them appreciate that a large part of the success of the curative work of any

institution must necessarily depend on the efficiency of its corps of nurses. Again, with the advances which have been made in the study of the causes and conditions which give rise to insanity, there has come a better appreciation of the relationship of the physical disturbance present in the individual to the mental disturbance, and therefore a proper understanding of the importance of eliminating as far as possible any diseased conditions present in the body in our efforts to relieve the mental disturbance. Of course, all these considerations involve greater facilities and better appliances for the individualizing of the treatment of those committed to the care of the hospitals. It makes necessary more facilities than those that are sufficient for the clothing, housing and feeding of the patients, with the necessary administrative measures to be used in the management of so large an aggregation of people, and these facilities are necessarily of a different kind. They are something more than brick and mortar, or light and heat.

In the suggestions which I shall make as to how these results might be accomplished, I am aware that I differ from a great many who have given much thought to this subject, but I believe that I represent, with possibly a slight difference in detail, the most advanced opinions on this subject, as held by those whose training and experience have given them authority to speak. The great difficulty which confronts us when we receive new patients is that, without regard to their condition or the circumstances which surround them, they must be placed in overcrowded wards, with all sorts and conditions of people, and oftentimes when they are violent, noisy and destructive, filled with fear, dread and terror, necessity compels us to put them among chronic cases, who, like themselves, are violent and noisy, and whose condition only adds to the terror and distress of the newly admitted patient; and although the ill effects produced are in time overcome and often are not so great really as apparently, on account of the self-absorption of the patient, still it necessarily retards the progress of their recovery. Now, how is this to be avoided? I believe that it can best be done by putting up at each institution a separate hospital building for the accommodation of thirty patients of each sex; that this building should be plain and unpretentious on its outside, but that no expense should be spared in fitting it up inside for the work that is expected to be accomplished. Here provision could be made so that, during the first few days of the patient's residence in the hospital, he could, if necessary, be kept free from contact with other patients and every facility could be supplied for the thorough study of the diseased conditions present in the individual.

Proper appliances for the systematic use of baths, physical exercise and other means which are found so important in the treatment of this class of cases could be had, and above all a systematic diet could be provided, and food, properly prepared and served, which is such an important essential, could be best arranged for. The most efficient and competent nurses would, of course, be in this building, as well as the most careful and thorough medical management.

I believe that if this plan could be carried out and our cases come earlier under our care nearly one-half of those admitted would never go further than this reception hospital, but would go from there back to their friends, restored to health and usefulness; while that class of essentially chronic cases which are hopeless from the beginning could be transferred to the main building, and any cases in the main building showing signs of improvement, and being in a condition where active treatment would be a benefit to them, could be transferred to the hospital building and given advantage of the opportunities it would afford. Then the overcrowding of the main building would do less harm, and while the expense of the care of the recent cases would be necessarily increased, that of the care of the chronics would be decreased, and without detriment to their welfare; whereas, as done now, all are classified as on the same level, and the appropriations are based on the amount necessary for the care of the chronic only. That this is not economical or of advantage to the state I firmly believe, because, if our curative facilities were increased, a greater number would get well, and the number of chronic cases which become a permanent charge upon the state would not increase so rapidly. Of course, in carrying out a plan of this kind, a great many questions of detail might have to be differently arranged from the way I have outlined them, and it is also a fact that each one would necessarily develop these plans in a measure differently, according to the circumstances by which he was surrounded. But that it is in this direction that the future development of our institutions will be carried out I firmly believe, and I also firmly believe that it is only as the medical work of our hospitals becomes the predominant element in them, and therefore the public comes to look upon insanity as a disease, will the dread and suspicion as well as want of confidence in our institutions and their management disappear?

Of course, a paper of this length can only be suggestive, and my idea has been to call attention to those points in connection with institutions and their work which are not commonly sub-

jects of discussion, hoping that they might be interesting enough to secure your attention and awaken your interest in what I believe to be the real welfare of the unfortunate people committed to our care.